

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

Raj Kamal Sinha, M.D.

Case No. 800-2015-016533

**Physician's and Surgeon's
Certificate No. G 87088**

Respondent

DECISION


The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 16, 2018.

IT IS SO ORDERED January 17, 2018.

MEDICAL BOARD OF CALIFORNIA

By:


**Kristina Lawson, J.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
Deputy Attorney General
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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 **RAJ KAMAL SINHA, M.D.**
15 **47110 Washington Street, #201**
La Quinta, CA 92253

16 **Physician's and Surgeon's Certificate**
17 **No. G87088,**

18 Respondent.

Case No. 800-2015-016533

OAH No. 2017060925

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
23 of California (Board). She brought this action solely in her official capacity and is represented in
24 this matter by Xavier Becerra, Attorney General of the State of California, by Karolyn M.
25 Westfall, Deputy Attorney General.

26 2. Respondent Raj Kamal Sinha, M.D. (Respondent) is represented in this proceeding by
27 attorney Robert W. Frank, Esq., whose address is: 110 West A Street, Suite 1200, San Diego, CA
28 92101.

3. On or about November 26, 2003, the Board issued Physician's and Surgeon's License No. G87088 to Respondent. The Physician's and Surgeon's License was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-016533, and will expire on September 30, 2019, unless renewed.

JURISDICTION

4. On May 19, 2017, Accusation No. 800-2015-016533 was filed against Respondent before the Board. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on May 19, 2017. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2015-016533 is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-016533. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Having the benefit of counsel, Respondent hereby voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent agrees that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2015-016533, and that he has thereby subjected his Physician's and Surgeon's Certificate No.

1 G87088 to disciplinary action. Respondent further agrees to be bound by the Board's imposition
2 of discipline as set forth in the Disciplinary Order below.

3 9. Respondent agrees that if an accusation is filed against him before the Board, or in
4 any other proceeding before the Board, all of the charges and allegations contained in Accusation
5 No. 800-2015-016533 shall be deemed true, correct, and fully admitted by Respondent for
6 purposes of any such proceeding or any other licensing proceeding involving Respondent in the
7 State of California.

8 CONTINGENCY

9 10. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the
10 Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be
11 submitted to the Board for its consideration in the above-entitled matter and, further, that the
12 Board shall have a reasonable period of time in which to consider and act on this Stipulated
13 Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully
14 understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation
15 prior to the time the Board considers and acts upon it.

16 11. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null
17 and void and not binding upon the parties unless approved and adopted by the Board, except for
18 this paragraph, which shall remain in full force and effect. Respondent fully understands and
19 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and
20 Disciplinary Order, the Board may receive oral and written communications from its staff and/or
21 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify
22 the Board, any member thereof, and/or any other person from future participation in this or any
23 other matter affecting or involving Respondent. In the event that the Board does not, in its
24 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the
25 exception of this paragraph, it shall not become effective, shall be of no evidentiary value
26 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party
27 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order
28 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any

1 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this
2 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

3 **ADDITIONAL PROVISIONS**

4 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
5 be an integrated writing representing the complete, final and exclusive embodiment of the
6 agreements of the parties in the above-entitled matter.

7 13. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
8 including copies of the signatures of the parties, may be used in lieu of original documents and
9 signatures and, further, that such copies shall have the same force and effect as originals.

10 14. In consideration of the foregoing admissions and stipulations, the parties agree the
11 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter
12 the following Disciplinary Order:

13 **DISCIPLINARY ORDER**

14 IT IS HEREBY ORDERED that Respondent Raj Kamal Sinha, M.D.'s Physician's and
15 Surgeon's Certificate No. G87088, shall be and is hereby Publicly Reprimanded pursuant to
16 California Business and Professions Code section 2227, subdivision (a)(4). This Public
17 Reprimand, which is issued in connection with Accusation No. 800-2015-016533, is as follows:

18 Sometime prior to April 26, 2011, you served on the surgery advisory board
19 for a manufacturer of knee arthroplasty devices, and were a designing surgeon for that
20 manufacturer's bicompartmental device. As part of your professional relationship
21 with that company, you received compensation for teaching courses on how to use
22 their partial knee devices, and you also had a royalty-bearing agreement with the
23 company based upon the number of sales of the device.

24 On or about July 27, 2011, you performed a left knee bicompartmental
25 arthroplasty on a patient, using the device you helped to design, and failed to disclose
26 to the patient the nature of your relationship with the manufacturer of the device you
27 used in her surgery. You also failed to request or review prior known surgical records
28 prior to recommending the procedure, and you failed to fully document your

1 discussion with the patient regarding the risks and benefits of her procedure you
2 performed on or about July 27, 2011, or her subsequent lateral release meniscectomy
3 procedure you performed on or about October 26, 2011.

4 1. EDUCATION COURSE. Within 60 calendar days of the effective date of this
5 Decision, Respondent shall submit to the Board or its designee for its prior approval educational
6 program(s) or course(s) which shall not be less than 8 hours. The educational program(s) or
7 course(s) shall be aimed at patient communication, and shall be Category I certified. The
8 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
9 the Continuing Medical Education (CME) requirements for renewal of licensure.

10 An educational program(s) or course(s) in the area of patient communication taken after the
11 acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision
12 may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this
13 condition if the course would have been approved by the Board or its designee had the course
14 been taken after the effective date of this Decision.

15 Any failure to fully comply with this term and condition of the Disciplinary Order shall
16 constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's
17 Certificate to further disciplinary action.

18 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
19 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
20 advance by the Board or its designee. Respondent shall provide the approved course provider
21 with any information and documents that the approved course provider may deem pertinent.
22 Respondent shall participate in and successfully complete the classroom component of the course
23 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
24 complete any other component of the course within one (1) year of enrollment. The medical
25 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
26 Medical Education (CME) requirements for renewal of licensure.

27 A medical record keeping course taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

4 Respondent shall submit a certification of successful completion to the Board or its
5 designee not later than 15 calendar days after successfully completing the course, or not later than
6 15 calendar days after the effective date of the Decision, whichever is later.

7 Any failure to fully comply with this term and condition of the Disciplinary Order shall
8 constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's
9 Certificate to further disciplinary action.

10 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
11 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
12 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
13 Respondent shall participate in and successfully complete that program. Respondent shall
14 provide any information and documents that the program may deem pertinent. Respondent shall
15 successfully complete the classroom component of the program not later than six (6) months after
16 Respondent's initial enrollment, and the longitudinal component of the program not later than the
17 time specified by the program, but no later than one (1) year after attending the classroom
18 component. The professionalism program shall be at Respondent's expense and shall be in
19 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

20 A professionalism program taken after the acts that gave rise to the charges in the
21 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
22 or its designee, be accepted towards the fulfillment of this condition if the program would have
23 been approved by the Board or its designee had the program been taken after the effective date of
24 this Decision.

25 Respondent shall submit a certification of successful completion to the Board or its
26 designee not later than 15 calendar days after successfully completing the program or not later
27 than 15 calendar days after the effective date of the Decision, whichever is later.

28 ///

1 Any failure to fully comply with this term and condition of the Disciplinary Order shall
2 constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's
3 Certificate to further disciplinary action.

4 ACCEPTANCE

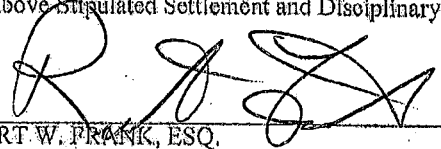
5 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
6 discussed it with my attorney, Robert W. Frank, Esq. I understand the stipulation and the effect it
7 will have on my Physician's and Surgeon's License. I enter into this Stipulated Settlement and
8 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
9 Decision and Order of the Medical Board of California.

10 DATED: 12/3/17

11 
12 RAJ KAMAL SINHA, M.D.
Respondent

13 I have read and fully discussed with Respondent Raj Kamal Sinha, M.D. the terms and
14 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
15 I approve its form and content.

16 DATED: 12-4-17

17 
18 ROBERT W. FRANK, ESQ.
Attorney for Respondent

19 ENDORSEMENT

20 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
21 submitted for consideration by the Medical Board of California.

22 Dated: 12/4/17

Respectfully submitted,

23 XAVIER BECERRA
24 Attorney General of California
25 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

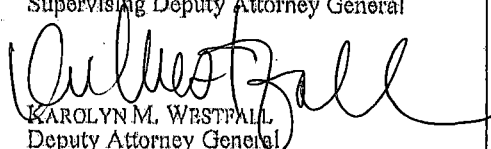
26 
27 CAROLYN M. WESTFALL
28 Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2015-016533

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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 800-2015-016533

RAJ KAMAL SINHA, M.D.
47110 Washington Street, #201
La Quinta, CA 92253

A C C U S A T I O N

Physician's and Surgeon's Certificate
No. G87088,

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about November 26, 2003, the Medical Board issued Physician's and Surgeon's Certificate No. G87088 to Raj Kamal Sinha, M.D. (respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2017, unless renewed.

///

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

“(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

“(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.”

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1 5. Section 2234 of the Code, states, in pertinent part:

2 “The board shall take action against any licensee who is charged with
3 unprofessional conduct. In addition to other provisions of this article,
4 unprofessional conduct includes, but is not limited to, the following:

5 “(a) Violating or attempting to violate, directly or indirectly, assisting in or
6 abetting the violation of, or conspiring to violate any provision of this chapter.

7 “(b) Gross negligence.

8 “(c) Repeated negligent acts. To be repeated, there must be two or more
9 negligent acts or omissions. An initial negligent act or omission followed by a
10 separate and distinct departure from the applicable standard of care shall constitute
11 repeated negligent acts.

12 “(1) An initial negligent diagnosis followed by an act or omission medically
13 appropriate for that negligent diagnosis of the patient shall constitute a single
14 negligent act.

15 “(2) When the standard of care requires a change in the diagnosis, act, or
16 omission that constitutes the negligent act described in paragraph (1), including,
17 but not limited to, a reevaluation of the diagnosis or a change in treatment, and the
18 licensee's conduct departs from the applicable standard of care, each departure
19 constitutes a separate and distinct breach of the standard of care.

20 “...”

21 6. Section 2266 of the Code states:

22 “The failure of a physician and surgeon to maintain adequate and accurate
23 records relating to the provision of services to their patients constitutes unprofessional
24 conduct.”

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26 ///

27 ///

28 ///

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent has subjected his Physician's and Surgeon's Certificate No. G87088 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that respondent committed gross negligence in his care and treatment of patient K.A., as more particularly alleged hereinafter:

8. In or around July 2010, patient K.A., a then 66 year old avid tennis player, received arthroscopic surgery on her left knee. The surgery was performed by S.P., M.D. (Dr. S.P.). Dr. S.P. took x-rays and an MRI prior to surgery, and at some point, informed patient K.A. that her next surgery would need to be a total knee replacement.

9. In or around February 2011, patient K.A. began to experience pain in her left knee.

10. Sometime prior to April 26, 2011, respondent served on the surgery advisory board for ConforMIS, Inc., a manufacturer of knee arthroplasty devices. Respondent was a designing surgeon for ConforMIS, Inc.'s second generation bicompartmental device. As part of his professional relationship with ConforMIS, Inc., respondent received compensation for teaching courses on how to use their partial knee devices. Respondent also had a royalty-bearing agreement with ConforMIS, Inc., based upon the number of sales of the device.

11. On or about April 26, 2011, patient K.A. presented to S.T.A.R. Orthopedics and was seen by physician assistant, V.M., for an initial knee evaluation. Patient K.A. informed V.M. that she had an 11-year history of knee pain, and described her current pain as "moderate," located medially. Patient K.A. revealed that previous treatment for her knee included oral nonsteroidal anti-inflammatory drugs, arthroscopy, cortisone injections, and viscosupplementation.¹ After completing a physical examination and reviewing x-rays obtained that day, V.M. diagnosed patient K.A. with Left Knee Degenerative Joint Disease (DJD), finding that the patient had "significant medial compartment DJD, minimal lateral compartment DJD, and significant

¹ Viscosupplementation is a medical procedure during which lubricating fluid is injected into a joint. Also called hyaluronic acid injections or hyaluronan injections, viscosupplementation is most commonly used to treat symptoms of symptoms of knee osteoarthritis.

1 patellofemoral compartment DJD.” V.M. discussed various treatment options with patient K.A.,
2 including but not limited to surgery. At some point during this visit, V.M. recommended the
3 patient would be best served by a total knee arthroplasty, but informed her that she would need to
4 make an appointment with respondent for any surgical option.

5 12. On or about June 7, 2011, patient K.A. presented to S.T.A.R. Orthopedics and was
6 seen by respondent with complaints of left knee pain. After completing a physical examination
7 and reviewing x-rays obtained on or about April 26, 2011, respondent diagnosed patient K.A.
8 with Left Knee DJD, finding that the patient had “mild/moderate/severe DJD in the medial,
9 lateral and patellofemoral compartments.” Respondent discussed the natural history of arthritis
10 pain with the patient, and various treatment options. Respondent initially recommended the
11 patient would be best served by a total knee arthroplasty. At some point during the encounter,
12 respondent claims patient K.A. requested a partial knee replacement.² Respondent then reviewed
13 the patient’s x-rays a second time, and determined that a partial knee was not strictly
14 contraindicated. Respondent then informed patient K.A. that he could perform a bicompartamental
15 replacement on her, but that there was still a ten percent chance that it would fail, and she would
16 need a total knee replacement. The patient’s chart indicates that respondent believed the patient
17 to be “an excellent candidate for a bicompartamental knee replacement.”

18 13. There is no documentation in the patient’s chart for the clinical encounter that
19 occurred on or about June 7, 2011, that respondent recommended the patient would be best served
20 by a total knee arthroplasty.

21 14. There is no documentation in the patient’s chart for the clinical encounter that
22 occurred on or about June 7, 2011, that respondent specifically discussed the risks and benefits
23 between a partial and total knee replacement.

24 15. There is no documentation in the patient’s chart for the clinical encounter that
25 occurred on or about June 7, 2011, that the patient specifically requested a partial knee
26 replacement.

27
28 ² Patient K.A. denies she requested a partial knee replacement.

1 16. On or about July 27, 2011, respondent performed a left knee bicompartamental
2 arthroplasty³ on patient K.A. The implant respondent used on patient K.A. was the second
3 generation bicompartamental device manufactured by ConforMIS, Inc. After one night at the
4 hospital, patient K.A. was discharged with instructions to return for follow-up with respondent in
5 one month.

6 17. On or about August 25, 2011, patient K.A. presented to S.T.A.R. Orthopedics and
7 was seen by respondent for a four-week postoperative evaluation. After completing a physical
8 examination and reviewing x-rays obtained that day, respondent determined that the prosthesis
9 was well aligned and the components were well fixed. Respondent determined that patient K.A.
10 was "doing well," and instructed her to return in one month for follow-up.

11 18. On or about August 30, 2011, patient K.A. presented to S.T.A.R. Orthopedics and
12 was seen by S.R., M.D. (Dr. S.R.), with complaints of left lateral knee pain. The patient had not
13 filled her prescription for pain medications due to cost. After completing a physical examination,
14 Dr. S.R. prescribed a different pain medication to the patient.

15 19. On or about September 27, 2011, patient K.A. presented to S.T.A.R. Orthopedics and
16 was seen by V.M. for an eight-week postoperative evaluation. Patient K.A. complained of lateral
17 knee pain and swelling. After completing a physical examination, V.M. determined the patient
18 was "doing well," but indicated that they would order a CT scan to rule out a lateral meniscus tear
19 if the patient continued to be in pain at her next appointment.

20 20. On or about October 13, 2011, patient K.A. presented to S.T.A.R. Orthopedics and
21 was seen by respondent for a three-month postoperative evaluation. Patient K.A. complained of
22 lateral pain and grinding. After completing a physical examination and reviewing x-rays obtained
23 that day, respondent determined that the prosthesis was well aligned and the components were
24 well fixed. At that time, respondent suspected the patient had a new lateral meniscus tear and
25 recommended she undergo a lateral release and partial lateral meniscectomy. There is no
26 documentation in the patient's chart regarding the patient's noticeable valgus deformity at that

27 ³ Arthroplasty is an orthopedic surgical procedure where the articular surface of a musculoskeletal
28 joint is replaced, remodeled, or realigned by osteotomy or some other procedure.

1 time, or that respondent discussed any other treatment options, or the limited efficacy of a lateral
2 release and partial lateral meniscectomy.

3 21. On or about October 19, 2011, patient K.A. presented to S.T.A.R. Orthopedics and
4 was seen by respondent for a pre-operative history and physical. After completing a physical
5 examination and reviewing x-rays obtained that day, respondent determined that the prosthesis
6 was well aligned and the components were well fixed, but that the patella was tilted laterally.
7 There is no documentation in the patient's chart regarding the patient's noticeable valgus
8 deformity, or that there was a significant narrowing of the lateral compartment and the tibial
9 sclerosis finding. There is also no documentation that respondent obtained a complete and
10 comprehensive informed consent from the patient for the procedure.

11 22. On or about October 26, 2011, respondent performed a left knee arthroscopy, partial
12 medial meniscectomy, and chondroplasty on patient K.A.

13 23. Following the second procedure by respondent on or about October 26, 2011, patient
14 K.A. continued to experience pain and eventually sought a second opinion.

15 24. On or about January 7, 2012, patient K.A. underwent a total knee replacement
16 surgery by a different orthopedic surgeon.

17 25. Throughout his care and treatment of patient K.A., respondent at no point requested
18 or reviewed patient K.A.'s prior x-rays or MRI from her prior surgeon, Dr. S.P.

19 26. Throughout his care and treatment of patient K.A., respondent at no point disclosed to
20 patient K.A. that he had a business or financial relationship with ConforMIS, Inc.

21 27. Respondent committed gross negligence in his care and treatment of patient K.A.
22 which included, but was not limited to, failing to disclose to the patient the nature of his
23 relationship with the manufacturer of the device he used in her surgery on or about July 27, 2011.

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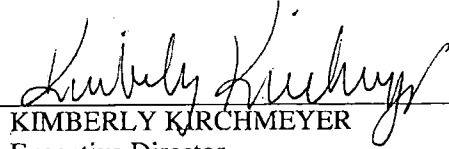
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PRAYER

WHEREFORE, complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. G87088, issued to respondent Raj Kamal Sinha, M.D.;
2. Revoking, suspending, or denying approval of respondent Raj Kamal Sinha, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering respondent Raj Kamal Sinha, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: May 19, 2017


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SD2017704586